

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for Form PTO-878

Application or Doctor's Name: _____

(Column 1) (Column 2)

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	
X	
TOTAL	

DR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

OR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	ADD'L TIONAL FEE (\$)
X	"
X	"
TOTAL ADD'L FEE	

1.29 30.

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

•

RATE (\$)	ADDITIONAL FEE (\$)
1.00	0.00
2.00	0.00
3.00	0.00
4.00	0.00
5.00	0.00
6.00	0.00
7.00	0.00
8.00	0.00
9.00	0.00
10.00	0.00
11.00	0.00
12.00	0.00
13.00	0.00
14.00	0.00
15.00	0.00
16.00	0.00
17.00	0.00
18.00	0.00
19.00	0.00
20.00	0.00
21.00	0.00
22.00	0.00
23.00	0.00
24.00	0.00
25.00	0.00
26.00	0.00
27.00	0.00
28.00	0.00
29.00	0.00
30.00	0.00
31.00	0.00
32.00	0.00
33.00	0.00
34.00	0.00
35.00	0.00
36.00	0.00
37.00	0.00
38.00	0.00
39.00	0.00
40.00	0.00
41.00	0.00
42.00	0.00
43.00	0.00
44.00	0.00
45.00	0.00
46.00	0.00
47.00	0.00
48.00	0.00
49.00	0.00
50.00	0.00
51.00	0.00
52.00	0.00
53.00	0.00
54.00	0.00
55.00	0.00
56.00	0.00
57.00	0.00
58.00	0.00
59.00	0.00
60.00	0.00
61.00	0.00
62.00	0.00
63.00	0.00
64.00	0.00
65.00	0.00
66.00	0.00
67.00	0.00
68.00	0.00
69.00	0.00
70.00	0.00
71.00	0.00
72.00	0.00
73.00	0.00
74.00	0.00
75.00	0.00
76.00	0.00
77.00	0.00
78.00	0.00
79.00	0.00
80.00	0.00
81.00	0.00
82.00	0.00
83.00	0.00
84.00	0.00
85.00	0.00
86.00	0.00
87.00	0.00
88.00	0.00
89.00	0.00
90.00	0.00
91.00	0.00
92.00	0.00
93.00	0.00
94.00	0.00
95.00	0.00
96.00	0.00
97.00	0.00
98.00	0.00
99.00	0.00
100.00	0.00

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL	ADDITIONAL FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2